

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		1				
5	1					
6		1				
7	1					
8	1					
9		1				
10		4				
11		4				
12		4				
13		5				
14		1				
15		1				
16		1				
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	29					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						